G. R. S. IX-5]

Previous references.

1348 (604

Later references.

191 9.—20

(P.P.)

File No. 6-19

Serial Nos. 38

GENERAL AND REVENUE SECRETARIAT.

Part B for August 1919

SUBJECT.

Cases of Serious gaunlic troubles at Kolar Gold Fields due to the use of Bidi

---

G. R. S. III—1] 1919.

GENERAL AND REVENUE SECRETARIAT.

(P. P.)

NOTES.

File No. 6

FILE HEADING.

Food Supply arrangements.

From

The Food Controller

No. 3295 Dated 13/14. 8. 19 Received 14. 8. 19

Diary No. 3116	Enclos. 3 Spare Copies. -	Serial No. 38

BRIEF ABSTRACT OF LETTER.

Submits a report regarding the large no: of cases of severe gastric troubles at the Kolar Gold fields - said to be due to the use of Burma rice -

NOTES AND ORDERS.

The file containing a report in the matter (dated 30.7.19) received from the Secretary Committee & dealt with in the Protection Branch - is put up.

NOTES—First Sheet.

F. R. S. III-2]

General and Revenue Secretariat.

3116

P.P File No. 6 of 1919. (2

Serial No.

P.P 134-18 & 604

Reference is invited to the circular issued by the Secy: Govt (No C 50 of 31.5.19) regarding the desirability of removing all money & stamps from Burma notes before it is sold to the public

14/8/19 Chief Secy

14-8-19

For perusal.

No particular action appears to be called for.

Dewan

15/8/19

15-8-19

DEWAN'S OFFICE.
Recd. on AUG 15 1919
Reg. No. 1097

16.8.19

Recd

18-8-

B

CHIEF SECRETARIAT
II
POLITICAL BRANCH.
19 AUG. 1919

NOTE—Contn. sheet.

Chief Medical Officer of the Mines. We also made detailed enquiries into the arrangements for distribution and sale of Burma rice. The result of the enquiries was that all possible precautions are taken against the issue of any mouldy rice or rice considered to be unfit for human consumption. It was also learned that bacteriological tests so far conducted in regard to the liability to fermentation showed that Burma rice was least liable while controlled delta rice came next and uncontrolled Madras rice (smuggled via Kuppam) was the worst. The conclusion we came to, on the information available, was that while the substitution of raw rice for the boiled rice to which the population was accustomed was doubtless a predisposing cause for gastric troubles, it could not be said that the rice itself was in any way unwholesome. It appears also to be the fact that owing to high prices of food grains the poorer classes on the Gold Field (as well as elsewhere) frequently eat all kinds of undesirable and unwholesome foodstuffs.

I have the honour to be,

Sir,

Your most obedient servant,

Food Controller & Director.

5

Letter No.127 dated the 5th August 1919, from the Vice-President, Sanitary Board, Kolar Gold Fields, Champion Reefs, to the Food Controller & Director of Civil Supplies in Mysore.

With reference to your telegram No.486 dated the 26th ultimo, regarding the prevalence of gastric troubles on the Gold Field, I have the honour to forward herewith copy of letter No.79 dated the 1st instant from the Medical Officer of Health, Kolar Gold Field and to state that the cases that have occurred may be due to the following causes:-

(1) Heavy rains in July 1919 amounting to 9 inches and 36 cents
(2) High winds characteristic of the season (Ashada)
(3) Exposure from night and early morning shifts and taking cold rice.
(4) Ea[illegible]ably unwholesome fish and ding ding.
(5) Change of diet i.e., from boiled rice to raw rice

2. Since the issue of the Chief Medical Officer's circular of the 21st July - copy enclosed - to the Superintendents of Mines, the number of attacks has very considerably gone down and from the trend of the discussion I have had this morning with the Chief Medical Officer, Dr. J. D. O.'Donnell and the Health Officer, Dr. Mascarenhas, I gather that the gastric troubles cannot be attributed entirely to the eating of Burra rice.

Copy.

Food Controller & Director
of Civil Supplies in Mysore.

Copy of letter No. 79 dated 1st August 1919 from the Medical Officer of Health, Kolar Gold Fields, to the Vice President, Sanitary Board, Kolar Gold Fields.

With reference to your office No. 116/19-20 26th July 1919 I have the honour to state that for the past 4 months of Diarrhoea and vomitting have been occurring in various localities of Kolar Gold Fields both on the Mining and Sanitary Board areas. From 8th April till 30th June, 112 cases were noted and of these 103 were admitted into the Epidemic diseases Hospital of whom 55 were discharged as cured. Since 1st to 26th July there have been 103 attacks and among them 96 have been admitted into the Hospital and of whom 40 have died.

During the 2nd Influenza epidemic of last October there were similar attacks in Maskam E Block in the Sanitary Board area and as they had fever also the gastric trouble was taken to be a complication of Influenza. The disease prevailed in the camps of the Mining area during November and December when the Influenza epidemic was not at its height and when there was a scarcity of food supplies or at least when the prices of commodities had gone up and at the present time the rates are still higher.

The present outbreak commenced in April and has gone in increasing intensity till the last week of July --one peculiarity of the disease is it would occur among very poor class of people and in isolated localities. In a house a single case or more may occur, but the next case in the locality will be in a house not in the proximity of the originally infected house. In the majority of cases that have occurred on the Sanitary Board area a history of having eaten a meal of Burma rice conjee (cooked rice kept in water)

cooked the previous night has been obtained. Three or four cases have occurred among Indians who are used to cook their food before each meal. The repeated bacteriological examinations have not given any positive results for cholera.

The signs and symptoms of the disease do not in many respects agree with those of cholera. The stools in most of the cases are not all characteristic of that disease. Some of the patients have passed bloody stools and all these cases have proved fatal. From the appearance of the stools the cases are of Gastro entiritis and not of cholera The treatment adopted is one for indigestion and not for choleraand with this many cures have been obtained. The earlier, the patient is brought to the Hospital, the greater are the chances of recovery; e.g., from the Panchama cooly colony which is close to the Public Health Office and also to the Epidemic Diseases Hospital 7 patients were admitted into the Hospital and of them 5 recovered and again from Ooregaum cooly colony 14 patients were admitted in May and June and 11 of them were discharged as cured.

These cases are occurring also among the Maplas and Nairs who have been eating only boiled rice of the Madras Presidency. The Burma rice has been eaten by many but the cases occur as stated above mostly among those who partake of a cold meal of rice kept in water. I understand that in Burma, rice remained over after a meal is rejected and for each meal it is freshly cooked. The West coast coolies are not only eating the cold rice conjee (prepared from boiled rice) but they are using salt fish baked in live cinders. The Tamilians in addition to using the cold rice eat ding ding (dried beef) similarly baked in fire. The salt fish and ding ding if not properly cooked or baked are liable to cause gastro intestinal trouble.

The disease is connected with the food partaken and is

and is accounted for to a certain extent by the fact that the majority of attacks occur after the morning collation and the incidence of the disease is more among adult males and children than among females. If the food partaken is to be considered at fault, it may be asked why did not all the inmates of the house get the disease as all of them had partaken the same food. It is possible that the poison whatever its nature may be, if there is any, seems to include itself in particular marsels of food and not in all and that is why a limited number of cases have occurred in a house or locality.

The Burma rice that is sold in the shandies is seen to be free of moulds or lumps, but as damp accelerates the growth of moulds and as the rice bought at the shandy by the people is kept over to last for some days, there is every possibility of moisture affecting the rice in a poor man's house and thus, of the mould growing in it after it has been bought. As shown in para 1, there have been nearly as many cases in the month of July as during the previous three months and during July we have had about 8 inches of rain and consequently the rice kept in many houses must have been affected by the mould.

All such bags of rice that contain large number of lumps have been rejected so far, and in cases where small lumps have been found, the rice has been caused to be passed through sieves to get rid of the moulds.

As fungus in one bag is liable to infect those in the proximity I have suggested that all such bags which are found contain moulds to be kept in a room far separated from the ger Go-downs. The condemned rice has been arranged to be destroyed in the incinerator. It has been seen that the successive consignments

are kept in different parts of the go-downs so that the rice may be sold in the order in which the consignment has arrived here i.e. the first consignment to be sold first and the last, last.

' COPY'

Food Controller and Director
of Civil Supplies.

Confidential.

Copy of circular letter from the Chief Medical Offic Kolar Gold Fields to all Superintendents, dated Champion Reef 21st. July 1919.

There is prevailing on the Field at the present time an unsual amount of acute gastro enteritis particularly among the native population. The predominant symptoms are profuse diarrhoea and vomiting which causes collapse and frequently ends in death. During the past week there have been some seve cases amongst Europeans and Anglo-Indians.

With care in the use of food the complaint can be avoided, none but the plainest should be partaken of.

Avoid:-

All reheated dishes such as fish-cakes, minces, cutlets.

All tinned food, uncooked vegetables, melons.

Fruit, unripe, and over ripe.

Milk and water should be boiled before use.

Advice should be obtained at once if the bowels are loose and purgative salts should not be taken unless prescribed by the medical officers.

The men in the various messes should take it in turn to look after the kitchen and see it and the cooking utensils are clean. If they find cleanliness is not maintained report the matter to the Sanitary Overseers, who will bring it to the notice ofthe Medical Officer?

For the native, I would suggest that they be warned by means of tom tom not to partake of cold rice or rice water in the early morning as they are in the habit of doing. In the great majority of cases we have found this to be the practice The change over from boiled rice to raw rice is an undoubted factor in producing so much sickness, the people have not got used to it and do not cook it properly.

I should be much obliged if you will circulate this information to all Europeans and Anglo-Indians and take steps to have the attention of the natives drawn to the advic

advice tendered to them as to partaking of stale food and fruits in a putrid state.

" C O P Y "

Food Controller and Director of
Civil Supplies.